

Poverty and the elderly in selected African Poverty Reduction Strategies

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1

¹ This beautiful and impressive picture was borrowed from a HelpAge International Publication.

TABLE OF CONTENTS

1	Introduction	3
1.1	An ageing world	3
1.2	International Conventions on ageing	3
1.3	AU Convention on ageing	4
1.4	Current status and trends of ageing in the World and Africa	5
2	Socio-economic status of the elderly	7
2.1	Introduction	7
2.2	Current status in Africa and major regions	7
3	Elderly and poverty reduction strategies	10
3.1	Overview of the Poverty Reduction Strategy Paper (PRSP) framework	10
3.2	Elderly related entry points into the PRSPs	11
3.3	Assessment of elderly dimensions in selected PRSPs	15
	Recommendations and Conclusions	17
	Annex 1 Minimum data set on Elderly Profile	19
	Annex 2 Content Analysis of PRSPs in terms of coverage of elderly issues	20
	Annex 3 Some socio-demographic statistics for selected Countries in Africa	21
	References	23

1 Introduction

1.1 An ageing world

The course of population ageing is now worldwide as a result of the changing age structure. The ageing of populations is affecting the older-person support ratio (the number of persons aged 15-64 years per older persons aged 65 years or older), which is falling in both more and less developed regions, having important implications for social and economic structures.

Population aging has become a well-publicized phenomenon in the industrialized nations of Europe and North America. What is not widely appreciated is the fact that developing countries are aging as well, often at a much faster rate than in the developed world. It follows different patterns of growth in developed versus developing countries. Most notable in developed countries is the steep plunge in growth in the early 1980s. The slowing of the growth rate was the result of low birth rates that prevailed in much lower wartime fertility — the elderly growth rate in developing countries is expected to rise beyond and remain above 3.5 percent annually from 2015 through 2030 before declining in subsequent decades. The rate in developing countries began to rise in the early 1960s, and has generally continued to increase until recent years. The current aggregate growth rate of the elderly population in developing countries is more than double of that in developed countries, and also double of that of the total world population.

1.2 International Conventions on ageing

In relation to the Elderly, there are as of now four international direct instruments aimed at protecting the rights of older people:

- UN Plan of Action on Ageing; 1982
- UN Principles for older persons; 1991
- UN Proclamation on Ageing; 1992 and
- Madrid Declaration; 2002

At present, none of these are legally binding and so little action has been taken. There are, however, many other non-age specific instruments that should ensure the protection of older people e.g. the UN Universal Declaration of Human Rights, the Africa Charter of Human and People's Rights and various International Labor Organization Conventions. But older people remain unprotected as society fails to acknowledge their rights as human beings. In addition, we could add other UN as well as regional Meetings that address indirectly elderly dimensions:

- Dakar N'Gor Declaration; 1992
- ICPD PoA; 1994

- UNGAS
- ...

1.3 AU Convention on ageing

In 2002, the Heads of State and Government gave their final seal of approval to the African Union Policy Framework and Plan of Action on Ageing. The document, the first of its kind, provides a continentally relevant guide for member states developing national policies on ageing and older people.

The Organization of African Unity Charter (OAU, 1963) highlights that all people have the right to ‘freedom, equality, justice and dignity’ (Article I) and includes, as one of its purposes, ‘efforts to achieve a better life for African peoples’ (Article II). As the Charter did not identify any specific population groups, it could be argued that it was inclusive.

As a result, efforts to ‘achieve a better life’ are set within existing frameworks of inequality and so even if the overall situation is ‘improved’ the status quo, in terms of relations between groups, is maintained. Following adoption of the Charter, many of the early protocols and conventions ratified by the OAU followed the same pattern and were also blind to inequality. Although the needs and rights of older people are not recognised in the Constitutive Act, the African Union has addressed issues of older persons and ageing on an ad hoc basis for several years. For example, the adoption of the Lagos Plan of Action (OAU, 1980) committed Member States to ensuring the development of policies that reflect African socio-cultural values and in 1991, with the signing of the Treaty establishing the African Economic Community, Member States agreed to gradually harmonise labour and social security legislation and ‘adopt, co-ordinate and harmonize their policies with a view to ensuring a decent life for the aged’ (OAU, 1991, Article 72).

In April 1999, ageing was discussed at the AUs Labor and Social Affairs Commission with submissions presented by South Africa and HelpAge International (HelpAge International, 1999). This set in motion a process that led to the formulation and adoption of the African Union Policy Framework and Plan of Action. The African Union Policy Framework and Plan of Action takes a holistic view of ageing and provides a continentally relevant guide for nations developing national policies. In essence, it recognizes the need for both specific action and mainstreaming of ageing.

1.4 Current status and trends of ageing in the World and Africa

The world population aged 60 years and above is increasing rapidly. Whereas in 1950 it was 200 million, by 1975 it had increased by 75 per cent to 350 million, and by 1999 it had shot up to nearly 600 million. It is projected that by 2025, the world elderly population will reach 1.2 billion and by 2050, 2 billion. At that time, it is expected that the world population of older people will for the first time in history be greater than the population of children under 14 years.

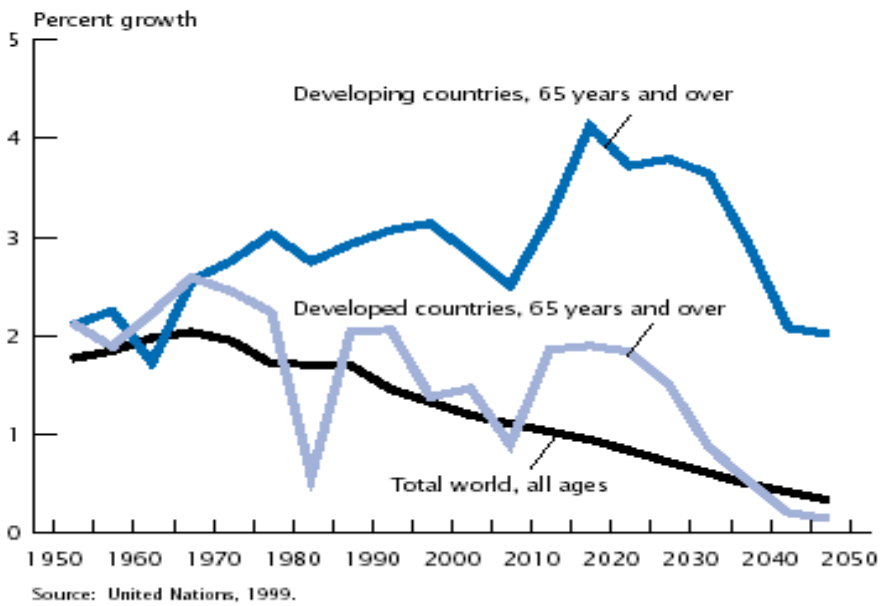
Although the change in percent elderly in Sub-Saharan Africa from 2000 to 2015 is barely perceptible, the size of the elderly population is expected to jump by 50 percent, from 19.3 million to 28.9 million. The older population of Africa, currently estimated to be slightly over 38 million, is projected to reach 212 million by 2050. Thus, Africa's older population will increase by six-folds in five decades. Although the AIDS epidemic is projected to reduce life expectancy in affected countries, the older population of Africa will continue to grow.

For the period 2000-2030 the population of older people will more than double in many countries including the Democratic Republic of Congo (2.1 to 4.9 million), Mozambique (0.8 to 2.1 million), Cameroon (0.8 to 1.6 million), Ghana (1 to 2.8 million) and Uganda (0.8 to 1.9 million). During the same period, the proportion of older people will also rise dramatically. In South Africa, the increase will be from 7 to 11.5 per cent; in Ghana 5.1 to 9.5 per cent; Guinea 4.5 to 6.0 per cent and Sudan 3.9 to 6.4 per cent; Mozambique 3.9 to 5.7 per cent.

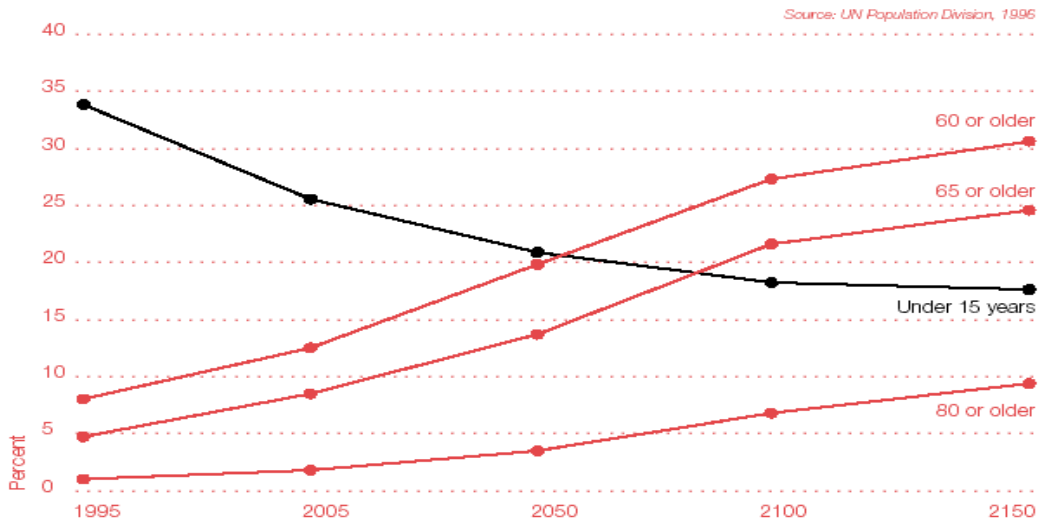
This increase in the number of older people provides a challenge for the continent as a whole, as well as for individual countries. The graphs below give the full picture of the high growth rate of elderly population as well as the prospects of seeing the ageing taking a ground by outdoing the weighing in the entire total population in less than one century.

<i>Age group and Major area</i>	<i>1950</i>	<i>2000</i>	<i>2050</i>	<i>2100</i>	<i>2150</i>	<i>2200</i>	<i>2250</i>	<i>2300</i>
65+ years								
World	5.2	6.9	15.9	24.4	27.5	28.8	30.7	32.3
More developed regions.....	7.9	14.3	25.9	27.7	29.3	31.9	33.9	35.6
Less developed regions.....	3.9	5.1	14.3	23.9	27.2	28.2	30.1	31.8
Africa	3.2	3.2	6.8	19.5	25.9	26.7	28.2	29.9
Asia	4.1	5.9	16.8	25.5	27.7	28.8	30.9	32.5
Latin America and the Caribbean.....	3.7	5.5	18.2	27.5	29.1	29.7	31.8	33.5
Oceania	7.3	9.8	19.1	26.8	29.1	30.9	33.1	35.0
Northern America	8.2	12.3	20.5	27.7	29.6	32.1	33.9	35.2
Europe.....	8.2	14.7	27.9	26.9	28.5	31.3	33.5	35.4

Figure 2-2.
Average Annual Percent Growth of Elderly Population in Developed and Developing Countries



The share of older people in the population of developing countries



2 Socio-economic status of the elderly

2.1 Introduction

Older people are consistently among the poorest in all societies, and material security is therefore one of the greatest preoccupations of old age. Many experience the same lack of physical necessities, assets and income felt by other poor people, but without the resources which younger, fitter and more active adults can use to compensate. The prevalence of poverty among older people is also linked to educational levels, including differing levels of literacy.

Lack of material means is not the only problem of poverty. Another consequence is the inability to participate effectively in economic, social and political life. Older people living in poverty find themselves socially excluded and isolated from decision-making processes. This affects not only their income and wealth but also contributes to poor housing, ill health and personal insecurity.

It is often argued that the informal networks of family and community in many developing countries reduce the social exclusion of older people. But this has always been contingent on factors such as the individual's gender and material means, rather than their age. Furthermore, rapid social and economic change has often undermined the capacity of these informal networks to provide support. In many societies older people had leadership roles such as conflict resolution and cultural, religious and health education. While these roles still exist, they have been eroded by the changing structure of the family, migration and the emergence of a dominant culture, which gives higher status to literacy and formal education and has moved away from communalist forms of governance.

Efforts to understand poverty have dominated much of the debate on development over recent years, but the poverty experienced by the majority of older people in developing countries has been largely ignored. In many development initiatives, such as literacy programmes or credit schemes, programme managers appear to believe that older people are unable to participate and have no productive role, or are merely passive recipients of support.

2.2 Current status in Africa and major regions

The exclusion and impoverishment of older people is a product of structural inequalities. Inequalities experienced in earlier life – in areas such as education, employment, and health care, as well as those based on gender – have a critical bearing on status and well being in old age.

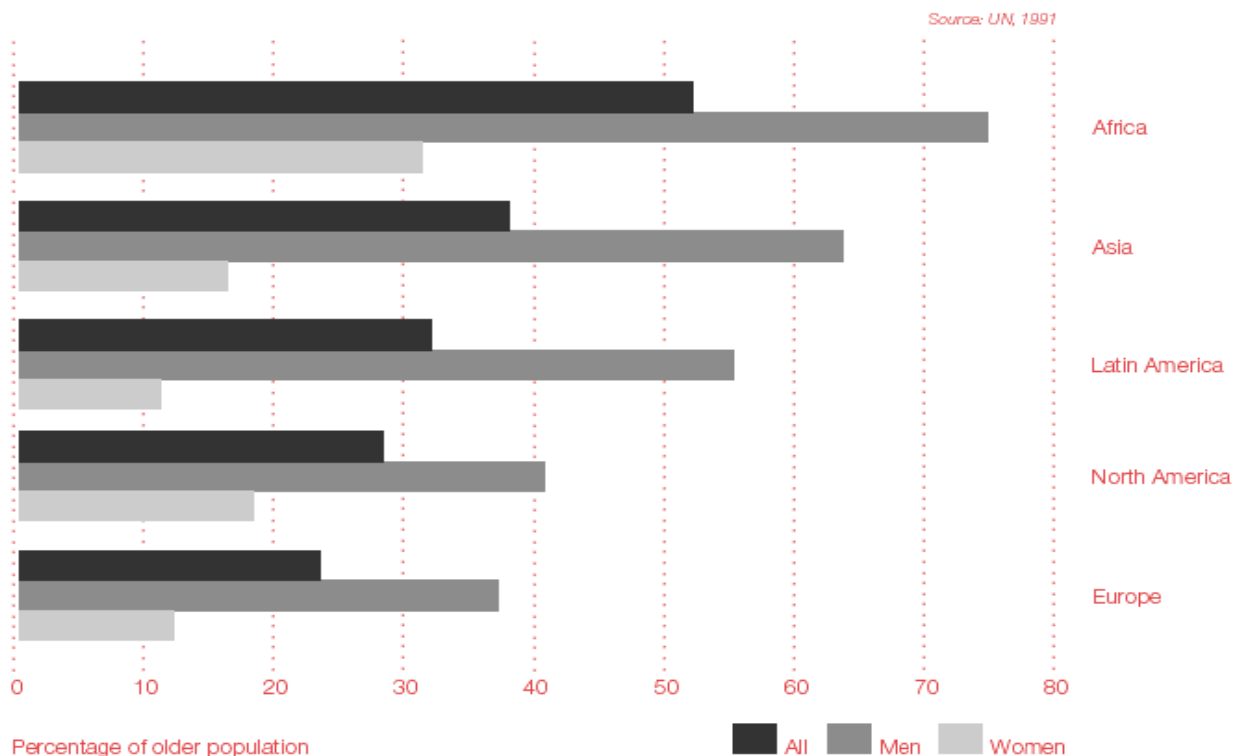
Lack of assets, isolation and physical weakness are all elements in the multidimensional disadvantages, which older people can face. These are closely related to processes and

institutional arrangements that exclude them from full participation in the economic, social and political life of their communities. It is this social exclusion, the effective distancing of older people from the mainstream of their communities, that creates the deepest levels of disadvantage. In some parts of Northern India and Africa, for example, widowhood for older women involves not only loss of status but also loss of property – in extreme cases; they are ejected from their deceased husbands’ homes.

The economic contribution of older people

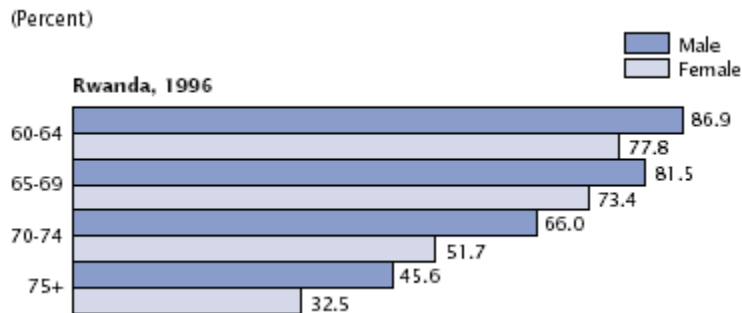
Older people are not passive and they continue to contribute to their families and communities, but their capacity for productivity is also overlooked. The work contributed by older people is severely undervalued, even by older people themselves. Frequently an elderly woman, when asked if she ‘works’ will reply ‘no’ even though she spends most of her day selling vegetables or fruit in the market, or selling home prepared food in the street... this kind of informal work is not given the value it deserves and is not seen as ‘work’.

The proportion of older people who are economically active



International Labor Organization studies of labor force participation by older people show that, in 1993, in at least 20 African countries, between 74 per cent and 91 per cent of people over 65 continued to work. As a writer on older women in India notes: ‘In fact, there is no retirement for an elderly woman until either death, dementia or disability claims her.’ Older people engage themselves in a variety of occupations, including

farming, trading and small-scale enterprise. They may use special skills as health care providers, herbalists and traditional birth attendants. Older family members are also active, though often unacknowledged participants in the household economy. They look after children, do domestic work and make cash or in-kind contributions. In Rwanda, as in many African countries, men and women continue to be economically active beyond 60 years, facts that have been confirmed by the last Census too.



By maintaining their own livelihoods where possible, older people contribute to the well being of the household and family. Factors that reduce these assets and limit the capacity of older people to provide for themselves include diminished physical strength, poor health, low status, landlessness, absence of or limited family or community support, lack of capital, lack of education or training opportunities.

In many developing countries increasing export dependency, international indebtedness and industrialization have drawn resources away from regions and sectors such as agricultural production and informal trade, where older people, especially women, are most active.

Older people involved in small businesses in Tanzania emphasize that activities such as selling coconut husks, fish and tomatoes, and running their own tailoring shops generate very little income for the amount of effort invested. Marketing their produce is also difficult for older people who are not very mobile. Older people living in rural areas who still depend on farming for a living find that their capacity to farm the land is restricted. Their lack of capital means they cannot maintain their land or pay others to do it for them. They are unable to raise credit due to their low incomes, lack of savings and collateral.

Most credit and loan schemes discriminate against older people. Women are further disadvantaged by the fact that they often have no independent income, no control over fixed assets such as land, and very limited exposure to business or the formal sector. Many development programmes do not consider these needs: for example, the rules of most credit schemes still make it impossible for older people to join.

3 Elderly and poverty reduction strategies

3.1 Overview of the Poverty Reduction Strategy Paper (PRSP) framework

What is PRSP?

PRSP was originally designed in 1999 to provide a basis of concessional lending and debt relief under the enhanced heavily indebted poor country (HIPC) initiative by the World Bank and the IMF. PRSP has since been transformed into the national development frameworks for poverty reduction and economic growth. Experience in the implementation of PRSPs has demonstrated their critical role towards achieving national and international poverty reduction agenda. PRSPs are defined as a country –driven macro-economic structural and social policies and programmes to promote growth and reduce poverty as well as external financing needs. PRSPs are prepared through a participatory process involving civil society, the private sector and development partners. They are designed with the objective of improving access to the poor (including elderly) to productive assets (land and credit), raising the return on these assets.

The core principles include the following elements: i) country driven; ii) result oriented; iii) comprehensive; iv) partnership oriented; and v) long- term. While upholding these principles, there are key elements of PRSPs. These include the following: i) Interim Poverty Reduction Strategy Paper (IPRSP); ii) Participation and Consultation; iii) Poverty Diagnosis; iv) Macro-economic Framework; v) Priorities for Public Action; vi) Monitoring and Evaluating PRSPs.

We can assume that elderly concerns will be covered within the PRSP framework through the multi-dimensions definition of poverty (World Development Report 2000/1), which would include:

- *Lack of opportunity*: Low levels of consumption/income, usually relative to a national poverty line. This is generally associated with the level and distribution of human capital, social assets and physical assets, such as land, and market opportunities, which determine the returns to these assets. The variance in the returns to different assets is also important.
- *Low capabilities*: Little or no improvements in health and education indicators among a particular socio-economic group;
- *Low level of security*: Exposure to risk and income shocks, which may arise at the national, local, household or individual level.
- *Empowerment*: Empowerment is the capability of poor people and other excluded groups to participate, negotiate, change and hold accountable institutions that affect their well-being.

The table below summarizes the sources of vulnerability and risk that are relevant to social policies (PRSP Source Book):

<i>Structural vulnerability</i>	<i>Transitory vulnerability</i>
High levels of poverty, large numbers of extreme poor, and high levels of inequality	Natural or weather-related, for example, earthquakes, floods, droughts, hurricanes, or pests
Lack of access to basic services	Economic downturn or crisis, for example, recession, transition, inflation, wage arrears, changes in taxation or spending, decline in production in sectors from which workers are immobile, job loss
Seasonality of employment, income, or consumption needs	War, conflict, and violence (national, regional, or individual)
High levels of lawlessness and crime	Illness or injury, for example, individual illness, epidemics, or temporary physical or mental disability
Geographic, gender, or ethnic concentration of the poor	Life cycle events, for example, effects on household income of old age, death of a household member, widowhood or family breakup, or multiple births
Poor macroeconomic, labor, and social policies	
Low asset levels and lack of asset portfolio diversification	
Low skill levels of labor force	
Structural unemployment (for example, for youth, graduates, or women)	
Limited social and family networks or limited flow of information	
High levels of child labor	

It is identified clearly that along with life cycle events, old age is considered as a transitory source of vulnerability but this should be put in perspective of most the structural sources of vulnerability that would apply to this specific age groups: poverty, low skill levels, lack of assets, poor macroeconomic, labor and social policies...

3.2 Elderly related entry points into the PRSPs

Based on the above elements, we could identify sections potentially caring for ageing concerns in PRSP:

i. Health, food and nutrition Water and sanitation...

Older people throughout Africa often cite health as a priority issue. At an individual level, the capacity to earn a living or participate in family and community life, as well as a sense of personal well-being are all governed by health status.

Food is a basic human need that affects people's quality of life and their ability to contribute socially and economically to the family and community. Nutrition research and interventions have traditionally focused on the needs of the under 5's and lactating

mothers. It is a fact that very little is known about the specific nutritional needs of older people in Africa.

ii. HIV/AIDS

The effects of HIV/AIDS on all sections of the society are immense. A lot has been discussed on the effects of the pandemic on the sexually active age groups. Unfortunately, very little has been done to explore its effects on older people. AIDS has, and will continue to have a huge impact on older people in Africa; especially as they become more and more the caregivers of orphans left by their children.

iii. Social security systems including pension schemes

The provision of social welfare to the needy has its roots in the philanthropic approaches spearheaded by religious and related groups. Social welfare now ranges from public assistance, various forms of relief during hard times and other social assistance programmes. However, the provision of services under these schemes is covered by pieces of legislation which specify the groups to benefit, but excludes older people.

Social security covers health care and family benefits and provides income security in the event of such contingencies as sickness, unemployment, old age, invalidity, employment injury, maternity or loss of a breadwinner. It is not always necessary, nor even in some cases feasible, to have the same range of social security provisions for all categories of people. However, social security systems evolve over time and can become more comprehensive in regard to categories of people and range of provisions as national circumstances permit. Where there is limited capacity to finance social security, either from general tax revenues or contributions — and particularly where there is no employer to pay a share of the contribution — priority should be given in the first instance to needs which are most pressing in the view of the groups concerned.

Pension systems, both public and private, provide financial security to the elderly and to those unable to work due to disability. These systems fall under the category of social insurance (where the individual pays for access to the benefit), as distinct from social assistance (where the program pays benefits to people of all income groups). Because pensions are designed to replace income previously earned, they usually apply only to those in the labor force, unlike social assistance, which applies to the whole population. Because they are often funded by payroll taxes, they also have implications for labor costs and employment. To the extent that pension systems redistribute income and prevent poverty in old age, they can also serve as social assistance programs for those unable to work due to age or physical infirmity, and should be closely coordinated with such programs.

iv. Safety nets and labor force participation

Safety nets are formal and informal measures that protect people from the worst effects of low income and poverty. The social policy aspect of safety nets is concerned primarily with formal programs designed to provide or substitute for income. These include: cash

transfers; food related programmes; prices and other subsidies; public works; micro credits.

Safety nets mostly transfer income in one way or another to needy people. In contrast, social insurance programs, such as contributory pensions or unemployment insurance, are largely related to earnings and need not include any transfers (though many schemes do contain an element of cross-subsidization). Social insurance programs help households manage risk, but before the fact. Safety nets take up the load where households cannot participate in social insurance schemes or when the benefits from those are exhausted.

v. *Housing and Direct support to family structures*

Older people require adequate shelter. However, they are often deprived of decent shelter due to socio-economic changes, superstition and belief. Hardest hit are the landless urban dwellers. Environmental changes and the development of the infrastructure do not take into account the needs of older people. The majority of older people in Africa live in rural areas and this trend is expected to continue; by 2020 it is projected that 64 per cent of people over 60 years will be living in areas defined as rural.

Living arrangements are affected by a host of factors including marital status, financial well-being, health status, and family size and structure, as well as cultural traditions such as kinship patterns, the value placed upon living independently, the availability of social services and social support, and the physical features of housing stock and local communities. At the individual level, living arrangements are dynamic, representing both a result of prior events and an antecedent to other outcomes. At the societal level, patterns of living arrangements among the elderly reflect other characteristics — demographic, economic, and cultural —, which influence the current composition and robustness of older citizens. In turn, living arrangements affect life satisfaction, health, and most importantly for those living in the community, the chances of institutionalization.

Sickness and death among the young adult generation alters the material well-being of the elderly. Not only are they suddenly deprived of sources of support from their direct relatives and kin, but many are also faced with the obligations and responsibilities of fostering grandchildren. Thus conventional living arrangements become infeasible and expected social transfers are disrupted. Consequently, the elderly face the prospect of increasing poverty and marginality from two directions under conditions that, even in normal times, would have been characterized by poverty and increasing disability.

Three major observations emerge from a cross-national comparison of living arrangements of the elderly. First, women in developed countries are much more likely than men to live alone as they age; older men are likely to live in family settings. Second, both elderly men and women in developing countries usually live with adult children. Third, the use of non-family institutions for care of the frail elderly varies widely around the world.

The care of older people within their families in Africa was guaranteed until the intervention by colonial rule, modernization, urbanization and industrialization. Older people played important roles in the community. They had knowledge and wisdom, which made their positions in the society unquestionable. The family is still the most important caring institution for older people.

In all developing regions of the world, with the possible exception of the Caribbean, the most common living arrangement for elderly people (married or widowed) is with children and/or grandchildren.

vi. Gender

It is generally recognized that historical and socio-cultural domination by men in most societies has continued to have an intergenerational effect on women's access to social, economic and political prosperity. For the past two decades in Africa, efforts by the UN and other civil society organizations have focused on eradicating all forms of discrimination against women. These efforts have borne some results. Reforms in the social, political and economic sectors have however left a majority of older people more vulnerable. The rapidly falling living standards have continued to have a differential impact on older women and men.

Women constitute a majority of the older population in almost every country, and their majority increases with age. The gender imbalance at older ages has many implications for population and individual aging, perhaps most important with regard to marital status and living arrangements. Family members are the main source of emotional and economic support for older people in less developed countries, although some governments have assumed a larger share of the economic responsibilities.

The primary reason why there are many more women than men at older ages is that men have higher death rates than women at all ages. Although about 105 boys are born per 100 girls in most populations, women usually begin to outnumber men between ages 30 and 40. The female numerical advantage increases with age. A precise explanation of why women live longer than men still eludes scientists because it involves the complex interplay of biological, social, and behavioral conditions. Greater exposure of males to risk factors such as tobacco and alcohol use and occupational hazards is cited as one source of higher male mortality rates. If this is true, the gap in life expectancy should have narrowed as women increased their use of tobacco and alcohol and their participation in the labor force.

3.3 Assessment of elderly dimensions in selected PRSPs

Annex 2 gives the framework used to compile and collect information summarized in the three categories below.

1 *Elderly issues as mentioned in the PRSPs' sections*

- Family resources: the family is poor, small land and cannot afford health related costs: households headed by old people are likely to be poor;
- Gender inequality in the society: overlapping of reproductive tasks and productive tasks; imbalance in nutrition. Old women are poorer than old men and usually bear more responsibilities in the society than men. In most countries, women and men have different access to critical economic resources and varying power to make choices that affect their lives, as a consequence of the state of gender relations that exists in a given society. The direct result of this is seen in the unequal roles and responsibilities of women and men. Core dimensions of poverty (opportunity, capability, security/risk, and empowerment) differ along gender lines, and function to heighten the vulnerability of women. For these reasons, the inclusion of gender in any effort to alleviate poverty is nonnegotiable.
- Family size related to household poverty status and high dependency ratio;
- Elderly being head of household, low education level identified as determinants of poverty
- Households with larger family sizes, low levels of literacy, and older heads of household are more likely to fall into poverty than those with smaller family sizes, higher levels of literacy, and younger heads of household

2 *Identified priorities/ strategies to respond to identified issues related to ageing*

- Affordable medicines to specific age groups, including the 60 and above
- Increase household income through safety nets mechanisms or other user's fees systems for poor people to access basic social services
- Support the rural agriculture sector for poor to generate income
- Introduce targeted subsidies to make health services affordable and accessible to the poor
- Land reforms to prevent the elderly to loose the sole remaining asset, especially in rural areas
- Gender related information and interventions to improve inter-spouses communication and tasks sharing in the household; and change of gender bias believes
- Increase household income through safety nets mechanisms or other users free systems for poor people to access basic social services

3 *Further analytical work and Policy actions*

- Conduct more surveys on the current status of availability and quality by regions of services specific to old people
- Better knowledge of the groups that are not well served by public services
- Develop/update policies and other legislations to ensure that interventions targeting the elderly are given priority in government planning frameworks
- Operational research will be carried out to determine how best to ensure that users contribute to, and *participate in*, health care services
- Make functional the community participation structures to support living arrangements for elderly and other mechanisms that would prevent deprivation of old people conditions
- Empower communities through capacity building on management and caring capacity of elderly related problems
- As the Public Expenditure Reviews (PER) offer opportunities to correct some imbalances and or effectiveness of the implementation of allocation to priority areas or vulnerable groups. It is important that research findings and analyses on elderly be used to inform new resource allocations in response to elderly needs
- Close monitoring of the Mid Term Expenditure Framework to ensure effective disbursement of resources to meet both levels and the right mix of services
- DHS and other health/household surveys should include a section on elderly using the proposed minimum data set on old people (Annex 1)
- PRSP to include current status of insurance coverage in the country. Such study is recommended to map the distribution of health insurance by origin of services (public, communities and private) and components of the coverage
- Increase financing of the safety nets to close the gap between applicants and the beneficiary of the exemption policy
- Implement better monitoring systems of the safety nets to avoid wrong exclusions as well as wrong inclusions, perpetuating inequality and inequity. For that, realistic and consensual criteria should be known and transparent mechanisms involving communities put in place
- Attention and efforts should be paid to expanding the social insurance coverage
- Continuous advocacy and policy dialogue for effective disbursement of funds to poor settings (MTEF and PER)...

Recommendations and Conclusions

Addressing the reduction of poverty has become an overreaching aim that is mobilizing the entire world. At country level, the PRS constitutes the agreed upon development framework to guide towards the achievement of the MDGs and other social goals. While this might seem obvious, there are many challenges in ensuring that all groups benefit from poverty reduction related interventions.

Groups re-organized to voice their concerns and access to the needed resources. But when physically and even mentally one category of the population cannot, the issue becomes more compelling/indisputable. Competing for resources is another problem faced by policy on ageing

In the previous sections, we attempt to survey the subject by situating the elderly problems within national development frameworks and exploring the existing entry points that could be used to respond to their special needs. It appeared that while it is recognized and sometimes pointed out that elderly features are among the structural and transitory sources of vulnerability and risk of being poor, few of the listed strategies are being used effectively to provide a secure environment for the society either for families or communities to cope with elderly.

Policy considerations suggest that ageing can be changed from drain on resources to build-up of human social, economic and environmental capital. The needs of older people must be assessed in a wider social context of rapidly changing societies. Support systems come in numerous forms that range from the formal to the informal. In the context of PRSP, where ageing is identified as a structural cause of vulnerability/poverty, it is important that governments recognize the economic and non-economic contributions of both older men and women. Hence the need for social indicators to assess the new and traditional roles of the family and its members, including indicators of productivity, health, abuse, etc.

As it is becoming a real policy concern, data on the present situation and future trends of old people and on the major problems of the elderly, mainly on the old-age income sources and health problems should be collected. This will inform policy makers, especially in the context of PRSPs or other national owned poverty reduction strategies. Indeed, One of the best ways to combat poverty in old age is to pursue a successful development programme that raises the general level of national income without creating inappropriate inequalities in the distribution of income and wealth. Since social protection, especially of the weakest, helps to define a society, its absence signifies social failure. A low level of social protection does often coincide with low levels of income and productivity.

Currently, 1.2 billion people in developing countries live on less than \$1 a day, a majority of whom are women. Income poverty is highly correlated with hunger, ill health,

including reproductive health, low life expectancy, illiteracy, vulnerability, and powerlessness. In rural areas, where the majority of the poor reside, poverty is also a function of isolation from markets and centers of social services provision, and from unbalanced development policies. Elderly, especially women, being among the most vulnerable and poor.

Almost all external development partners have expressed their strong support for the objectives and principles of the PRSP approach, their eagerness to work with governments in preparing strategies, and their intention to adjust their own programs to support these strategies. With respect to ageing, support systems come in numerous forms that range from the formal to the informal. In the context of PRSP, where ageing is identified as a structural cause of vulnerability/poverty, it is important that governments recognize the economic and non-economic contributions of both older men and women.

Annex 1 Minimum data set on Elderly Profile

1. Country Name
2. Total Population
3. Percentage urban population
4. Persons of age 55+
5. Persons of age 60+
6. Percentage of persons 55+
7. Percentage of persons 60+
8. Percentage of women in persons 55+
9. Percentage of women in persons 60+
10. Life expectancy at 55 by sex
11. Life expectancy at 60 by sex
12. % of population below national poverty line; national and by region
13. Primary source of income; national and by region
14. Economically active population
15. Household heads by age
16. Household heads by sex
17. Average household
18. Average household by region
19. Total Expenditures GDP by sector
20. Social security expenditures
21. Pensions expenditures
22. Average Social security income
23. Average pension income
24. Pensions: number of eligible
25. Pensions: number of recipients
26. Percentage of married older persons
27. Potential elderly support
28. Percentage of older persons in labor force
29. Number of older people's homes by regions
30. Number of older residents by regions
31. Percentage of older persons providing care to adults with AIDS

Annex 2 Content Analysis of PRSPs in terms of coverage of elderly issues²

PRSP Chapters	Elderly issues as mentioned in the PRSPs' section	Identified priorities/ strategies to respond to identified issues related to ageing	Weaknesses in addressing these issues	Suggestions for future improvements
1. Background: Status of poverty; perspective of various stakeholders				
2. Strategy for poverty reduction				
3. Financing the poverty reduction programme				
I. Monitoring and evaluation of the PRS				
II. Annexes				

² PRSP Chapters: Sections and or chapters would vary from one country to another as it seems to not having a standard PRSP Outline.

- The following strategies and/or entry points in PRSP could be considered while doing the analysis:
 - ✓ Health;
 - ✓ Food and nutrition;
 - ✓ HIV/AIDS; Social security systems;
 - ✓ Pension schemes;
 - ✓ Safety nets;
 - ✓ Special housing;
 - ✓ Gender;
 - ✓ Direct support to families...
- Suggestions could be summarized in a single statement on key actions to be taken to ensure coverage of elderly issues in the next PRSP, including challenges ahead

Annex 3 Some socio-demographic statistics for selected Countries in Africa

Country Name	Total Population (million) 2000	Population aged 60 years and over		% Currently married m/w	% in labor force 2000 m/w	Sex ratio men per 100 women 60 years and over (2002)	Sex ratio men per 100 women 80 years or (2002)	Potential support ratio	Statutory Retirement age men/women	Life expectancy at age 60 men/women (2000-2005)	
		#	%								
Africa			42221	5	86/40	66/33	83	69	17	.....	15/17
Burundi	6.8		282	4	90/40	81/43	61	51	18	55/55	14/16
Chad	7.7		404	5	.....	66/35	82	67	16	55/55	14/15
CAR	3.6		234	6	74/37	84/68	76	60	13	55/50	15/17
Eritrea	4.1		191	5	.....	78/50	84	67	18	.....	15/16
Ethiopia	64.3		3151	5	88/33	81/40	85	71	17	55/55	15/16
Kenya	30.1		1325	4	87/59	79/49	87	82	19	55/55	16/18
Ghana	19.2		1044	5	.....	80/74	86	73	17	60/60	16/18
Liberia	3.1		143	4	76/46	78/29	86	68	20	60/60	15/16
Nigeria	126.9		5751	5	89/43	79/33	88	76	17	60/60	16/17
Rwanda	8.5		345	4	85/44	76/44	79	54	20	55/55	14/16
Uganda	22.1		925	4	71/33	81/57	83	73	20	55/55	14/16
Tanzania	33.7		1504	4	82/41	87/67	83	68	21	55/55	15/16
Sierra Leone	5		228	5	67/23	80	62	18	60/60	13/14

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